NDTRS
National Drug Treatment Reporting System, Health Research Board.
Please check information is legible on carbon copies.

HRB Health Research Board

Administrative details

PLEASE COMPLETE USING A BALL POINT PEN

Forename _____   Address _____

Surname _____   Eircode ☐☐☐☐☐☐☐

1a. Centre ☐☐☐☐☐ **1b. Type** ☐☐ **2a. Client number** ☐☐☐☐☐☐☐ **2b. IHI** ☐☐☐☐☐☐☐☐☐☐

Demographic details

3a. Gender (circle) 1. Man 2. Woman 3. Non-binary 4. In another way 99. Unknown

Transgender ☐ Tick if Yes

3b. Self-defined sexual orientation (circle)
1. Heterosexual or Straight
2. Lesbian or Gay 3. Bisexual
4. Client did not wish to answer
5. Other sexual orientation not listed
6. Client does not know or is unsure 99. Not known

4a. Date of birth ☐☐ ☐☐ ☐☐☐☐
Day Month Year

4b. Age ☐☐ **Years**

5. Living where (circle)
1. Stable accommodation
3. Homeless 4. Unstable accommodation
5. Prison 6. Institution (residential care/halfway house)
9. Not known

6. Living with whom (circle)
1. Alone 2. Parents/family
3. Friends 4. Partner (alone)
5. Partner & child(ren) 6. Alone with child(ren)
8. Foster care 7. Other 9. Not known

7. Number of children
Total number of children ☐☐ (If none write 0)

	Under 5 yrs	5 - 17 yrs	18 yrs or Over
Number living with client	☐	☐	☐
Number living with other parent	☐	☐	☐
Number in care	☐	☐	☐
Number living elsewhere	☐	☐	☐
Living status not known	☐	☐	☐

8a. Area of residence ☐☐☐☐
8b. City/county ☐☐

9a. Education: highest level completed to date (circle)
0. Primary level incomplete 1. Primary level
2. Junior cert 3. Leaving cert
4. Third level 5. Never went to school
9. Not known

9b. Age left primary or secondary school for the first time
(not third level) (years, or circle code below)
01. Never went to school ☐☐ Years
88. Still at school
99. Not known

10. Employment status (circle)
1. In paid employment 2. Unemployed
3. Training course 4. Student
5. Homemaker 6. Retired/unable to work
8. Other (specify) _____
9. Not known

11a. Country of Birth (circle, if other please specify)
1. Ireland 2. Other 99. Not known
Country _____

11b. Ethnic group/background
Enter code (choose one code from list on back page)
☐☐
(If 8 or 13, please specify) _____

11c. Language other than English or Irish at home?
(circle) 1. Yes 2. No 99. Not known
(if yes, specify) _____

Referral/assessment details

12. Date of referral ☐☐ ☐☐ ☐☐
Day Month Year

13. Main reason for referral Circle ONLY one option
1. Alcohol
2. Drug (specify) _____
3. Concerned person
4. Other problem (specify) _____

14. Source of referral (circle)
1. Self 2. Family 3. Friends
4. Other drug treatment centre 5. General practitioner
6. Acute hospital service excluding emergency dept.
7. Social services/Community services
8. Court/probation/police 10. Outreach worker
12. School or college 13. Prison
14. Employer 16. Emergency Department (ED)
17. Mental health professional 18. Needle Exchange
99. Not known

15. Date of initial assessment ☐☐ ☐☐ ☐☐
Day Month Year

16. Assessment outcome (circle one)
1. Suitable for treatment in any drug/alcohol service
2. Unsuitable for drug or alcohol treatment
4. Psychiatric assessment only
3. Referred to another site, no intervention provided in this centre
If 2, 3, 4 STOP and return form to HRB.

17. Where client is suitable for treatment (circle one)
1. Treatment offered with this centre and client accepted
10. Treatment offered with this centre and client DID NOT accept
3. Client did not fulfill criteria to commence treatment
4. Client commenced treatment with another centre
5. Service unable to contact / locate client
7. Client sent to prison 8. Client died
9. Other (specify) _____
If 1 continue form, otherwise STOP and return form to HRB.

Treatment details

18. Number of times started alcohol or drug treatment in this centre this year (Jan-Dec) (Enter 1, if first time this year) Times ☐

20a. Ever received any opioid substitution before (excluding this current treatment)
1. Previously received 2. Never received 99. Not known

20b. Age first received any opioid substitution (excluding this current treatment) ☐☐ years
If not applicable, code 88
If not known, code 99

19. History of treatment (Enter history of treatment for drugs and alcohol)

	Never treated	Previously treated	Age first treated (years, if unknown 99)	Treatment status unknown
1. Drugs				
2. Alcohol				
Enter history of treatment only where main problem is:				
3. Concerned person				
4. Other problem (specify)				

Drug use

a. Current problem drug(s) including alcohol (write in words)	b. Route of administration (use code)	c. Frequency of use in last month (use code)	d. Age at first use (years, if unknown 99)
21. Main drug			
22. Drug 2			
23. Drug 3			
24. Drug 4			
25. Drug 5			

Route of administration
1. Inject 2. Smoke 3. Eat/Drink 4. Sniff/snort 5. Sublingual 6. Rectal 7. Topical 9. Not known

Frequency of use in past month
3. Daily 6. 4-6 days per week 7. 2-3 days per week 1. Once a week or less 4. No use in the past month 9. Not known

26. Was it difficult to assess which was the main problem drug?
1. Yes 2. No 99. Not known 88. Not applicable

27a. Age first used any drug (excluding alcohol and tobacco) ☐☐ years (if not applicable 88, if not known 99)

27b. Specify first drug ever used (excluding alcohol and tobacco)
_____

Drug use, continued

28. Ever shared drug paraphernalia e.g. straws, foil, pipes, joints (excluding needles and syringes)
(circle one only)

2. Never shared
1. Shared in the last 30 days
3. Shared in the last 12 months **but not** in the last 30 days
4. Shared but not in the last 12 months
6. Shared but time period not known
5. Client did not wish to answer   99. Not known

If alcohol is listed as a problem drug at Q21-Q25, please complete Q29a to Q29d, otherwise go to Q30a.

29a. Please specify the preferred types of alcohol consumed (circle all that apply)

2. Beer   3. Spirits   4. Wine   5. Fortified wine   6. Cider   7. Alcopops

8. Other specify _____

29b. How many standard drinks were consumed on a typical drinking day over the past month? (if none write 0, if not known write 999)

☐ ☐ ☐   Standard drinks

29c. Please categorise the extent of the drinking problem (circle)

2. Hazardous drinker   3. Harmful drinker   4. Dependent drinker

29d. Number of previous medically supervised alcohol detoxes ☐ ☐
(if none write 0, if not known 99)

Risk behaviour

30a. Ever injected (circle)

1. Yes   2. No   3. Client did not wish to answer
9. Not known   If no or not known, go to Q31.

30b. If yes, age first injected ☐ ☐ years
If unknown, Code 99

30c. Frequency of injecting (circle one only)

1. Injected in the last 30 days
2. Injected in the last 12 months **but not** in the last 30 days
3. Injected but not in the last 12 months
99. Not known

30d. Ever shared needle and syringes (circle one only)

2. Never shared
1. Shared in the last 30 days
3. Shared in the last 12 months **but not** in the last 30 days
4. Shared but not in the last 12 months
6. Shared but time period not known
5. Client did not wish to answer   99. Not known

31. History of viral screening (one tick per column)

	Hepatitis C	Hepatitis B	HIV
1. Never tested	☐	☐	☐
2. Tested in the past 12 months	☐	☐	☐
3. Tested but not in the last 12 months	☐	☐	☐
4. Client did not wish to answer	☐	☐	☐
99. Not known	☐	☐	☐

Activity details

32a. Treatment interventions	32b. Date started	32c. Date of last visit	32d. Number of sessions/visits	32a. Treatment interventions	32b. Date started	32c. Date of last visit	32d. Number of sessions/visits
Brief intervention				Methadone substitution			
Individual counselling				Buprenorphine/naloxone substitution			
Group counselling				Detox from alcohol			
Individual education/ awareness programme				Detox from heroin			
Group education/awareness programme				Detox from methadone			
Medication-free therapy				Detox from benzodiazepines			
Complementary therapies				Detox from "Z" drugs			
Social and/or occupational reintegration				Detox from other drug Specify:_____			
Family therapy				Community detox			
Structured after care programme				**Key processes**			
Strengthening family programme /structured family intervention				Key working			
Psychiatric treatment				Case manager appointed			
Multi-component model				Care plan			
SAOR				Teleworking			

Exit details

33a. Exit details (circle one only)

1. Treatment completed
2. Transferred/referred to treatment in another drug/alcohol service
   Specify centre _____
4. Client declined further treatment
5. Client did not return for appointments (no show/DNA)
6. Premature exit for non-compliance. Specify reason (circle one only)
   1. Drug taking   2. Violent behaviour   3. Illegal activities
   5. Alcohol taking   4. Breaking service contract
7. Released from prison but not linked to other treatment service
8. Died
9. Sentenced to prison
11. Medical or Mental Health reasons
12. No longer lives in the area
14. Prison to prison transfer
15. Unable to attend due to work/study commitments
16. Staffing Issues (resignation/retirement/maternity)
10. Other (specify) _____

33b. Please specify the number of family members or significant others who were involved in this service user's treatment ☐ ☐
Please write 0 if none, 99 if not known

34. At end of treatment or when last seen, client is/has: (circle all that apply)

1. Drug free
2. Not changed drug use
3. Increased drug use
4. Reduced drug use
5. Abstaining from alcohol
6. Not changed alcohol use
7. Increased alcohol use
8. Reduced alcohol use
19. Abstaining from gambling
20. Not changed gambling
21. Increased gambling
22. Reduced gambling

10. Substantially reached priority goals of care plan
11. Engaging with care plan
12. Disengaged from care plan
13. Care plan gaps and blocks identified
14. Engaging with other services (e.g. housing, education)
15. Engaging with other therapeutic services (e.g. self help groups, AA)
16. Engaging in other unstructured aftercare
17. Other (specify) _____
99. Not known

35. Date of discharge or transfer ☐ ☐ ☐ ☐ ☐ ☐
Day   Month   Year

The NDTRS team is aware of the considerable work involved in collecting this data and we would like to take this opportunity to thank you for your invaluable input and cooperation. Your accurate and complete treatment data is very important.
The NDTRS uses the data to:
- identify patterns of drug and alcohol use and risk behaviours
- explore patterns of service utilisation
- provide information for evidence-based service planning, including obtaining and justifying funding
- analyse trends in treated problem alcohol and drug use over time

Q.11b Ethnic group/background codes

	Code
A. White	
Irish	14
Irish Traveller	2
Roma	11
Any other white background	3
B. Black or Black Irish	
African	4
Any other black background	5
C. Asian or Asian Irish	
Chinese	6
Indian/Pakistani/Bangladeshi	15
Any other Asian background	7
D. Other, including mixed group/background	
Arab	16
Mixed, write in description	8
Other, write in description	13
Do not wish to answer	10
Unknown	99

Q29b - How many standard drinks consumed?

This question asks about the amount of **standard drinks** consumed by the client on a typical drinking day/session over the past month, not the amount drank over the entire month.

A standard drink is:

$^1/_2$ pint of beer   100mls of wine [7.5 glasses per bottle]   1 pub measure of spirits
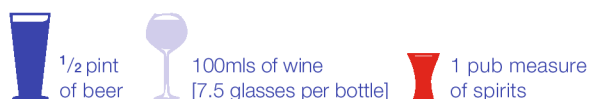
Source HRB Alcohol Diary Survey 2013

Additional forms or queries:

For additional forms or queries please contact ndtrs@hrb.ie

Postal address
Please ensure **correct postage** has been paid on blue security bags

National Drug Treatment Reporting System
Health Research Board
Grattan House
67-72 Lower Mount Street
Dublin 2
D02 H638

01 2345000

To access the on-line system to enter data, check validations or run reports go to
www.link.hrb.ie

Area of residence codes

The area of residence codes were revised in 2016. The codes are available either electronically or in a booklet from ndtrs@hrb.ie. City/county codes are outlined below.

Area	City/County code
Carlow	CW
Cavan	CN
Clare	CE
Cork	*see below
Donegal	DL
Dublin City	D
Dublin County	DN
Galway City	G
Galway County	GY
Kerry	KY
Kildare	KE
Kilkenny City	K
Kilkenny County	KK
Laois	LS
Leitrim	LM
Limerick City	L
Limerick County	LK
Longford	LD
Louth	LH
Mayo	MO
Meath	MH
Monaghan	MN
Offaly	OY
Roscommon	RN
Sligo	SO
Tipperary NR	TN
Tipperary SR	TS
Waterford City	W
Waterford County	WD
Westmeath	WH
Wexford	WX
Wicklow	WW

Cork only	City/County code
Cork City – North Lee	NL
Cork City – South Lee	SL
Cork County – North Lee	NL
Cork County – South Lee	SL
Cork – North Cork	NC
Cork – West Cork	WC

Outside Republic of Ireland	City/County code	Area
Northern Ireland	XX	75100
UK Excluding Northern Ireland	XX	75200
EU Excluding UK And Northern Ireland	XX	75300
Other European (Outside EU)	XX	75400
America, Africa, Asia, Australia	XX	75500

HR**B** Health
Research
Board

NDTRS Form
National Drug Treatment Reporting System
2022

- **Top page with name and address** – **retain** in client notes. This page contains identifiable information, please **do not return** to the NDTRS
- **White carbon page** – return to NDTRS when the client starts treatment
- **Blue carbon page** – return to NDTRS when the client completes/exits treatment